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**APPLICANTS**  
 Gerd Scheffel, Korschenbroich, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\***  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/EDWARD R COSIMANO/ Examiner's Signature	Initials	GERMANY	<input type="text" value="2"/>	<input type="text" value="16"/>	1

**ADDRESS**  
 PARKER-HANNIFIN CORPORATION  
 HUNTER MOLNAR BAKER MORGAN  
 6035 PARKLAND BOULEVARD  
 CLEVELAND, OH 44124-4141  
 UNITED STATES

**TITLE**  
 System for detecting and transmitting test data from a pressure chamber filled with a high-pressure fluid

<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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